OR

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Submitted

with Initial Filing

DESIGN

PATENT APPLICATION (37 CFR 1.63)

□ Declaration

required)

Filing (surcharge (37 CFR 1.16 (e))

PTO/SB/01 (12-97)

Approved for use through 9/30/00. OMB 0651-0032

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Attorney Docket Number HYG014US **DECLARATION FOR UTILITY OR** Kia Silverbrook First Named Inventor COMPLETE IF KNOWN **Application Number** Filing Date Submitted after Initial Group Art Unit **Examiner Name**

As a below named inve	entor, I her	eby declare that:	<u> </u>				
My residence, post office	address,	and citizenship are	as stated below next	o my	name.		
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:							
Shopping Receptacle with In-Built Scales							
the specification of which (Title of the Invention) is attached hereto							
_	OR was filed on (MM/DD/YYYY) as United States Application Number or PCT International						CT International
Application Number		and w	as amended on (MM/[אסכ	m)		(if applicable).
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.							laims, as
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.							nited States of
Prior Foreign Application Number(s)		Country	Foreign Filing Da (MM/DD/YYYY)		Priority Not Claimed	Certified Cop	py Attached?
2003901617 2003901795	Austr Austr		April 7, 2003 April 15, 2003		0000	0000	
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:							
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.							
Application Numbe	r(s)	Filing Date	e (MM/DD/YYYY)	-	numbe supple	onal provisional ers are listed on emental priority SB/02B attached	n a data sheet

[Page 1 of 2]

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Australia

Country

supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

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s sign (+) inside this box + Approved for use through 9/30/00. OMB 0651-0032
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DECLARATION — Utility or Design Patent Application I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application. **U.S. Parent Application or PCT Parent Parent Filing Date Parent Patent Number** Number (MM/DD/YYYY) (if applicable) Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto. As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Pater and Trademark Office connected therewith: Customer Number Place Customer OR Registered practitioner(s) name/registration number listed below Number Bar Code Label here Registration Registration Name Name Number Number Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto. Direct all correspondence to: X Customer Number OR Correspondence address below 24011 or Bar Code Label Kia Silverbrook Name Silverbrook Research Pty Ltd Address 393 Darling Street <u>Address</u> Balmain 2041 City NSW State ZIP Telephone 61-2-9818-6633 Country Australia 61-2-9555-7762 Fax I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. A petition has been filed for this unsigned inventor Name of Sole or First Inventor: Given Name (first and middle [if any]) Family Name or Surname KIA SILVERBROOK Inventor's March 30. Date Signature 2004 Balmain NSW Australian Residence: City Australia Country

2041

393 Darling Street

NSW

Balmain

Additional inventors are being named on the

Post Office Address **Post Office Address**

HYG014US

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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1__ of ___ 1

Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any]	J)		Famil	y Name or	Surname	
PAUL			LAPSTUN			
Inventor's Signature			Date March 30, 2004			
Residence: City Balmain State NS			Country Australi	ia	Citizenship Norwegian	
Mailing Address 393 Darling Street	<u> </u>					
Mailing Address						
City Balmain	State	NSW	ZIP 2041 Country Australia		ry Australia	
Name of Additional Joint Inventor, if an	ıy:		A petition has been	n filed for th	nis unsigned inventor	
Given Name (first and middle [if any]	j)		Family Name or Surname			
Inventor' s Signature					Date	
Residence: City	State	ı	Country	Citizenship		
Mailing Address	_					
Mailing Address						
Mailing Address	T					
City	State)	ZIP	Cou	ıntry	
Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])			Family Name or Surname			
Inventor' s Signature				Date		
Residence: City State			Country		Citizenship	
Mailing Address						
Mailing Address						
City			ZIP	c	ountry	

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